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ABSTRACT

The paper reviews the literature on problems associated with the assessment and placement of language minority students in special education and the utilization of a prereferral system and describes the development of the "Prereferral Screening Instrument" (PSI). The review of the literature looks at: the disproportionate representation of minority students in special education, limited English proficient students and their assessment, screening and referral, and prereferral. Prereferral screening is recommended to reduce bias and erroneous classification of students. A 1984 2-day Illinois symposium on prereferral led to development of an instrument which is designed to determine whether a student from a non-English background should be referred for a case study evaluation. The PSI does not require administration of any assessments or evaluations and can be completed from information in the student's records (or obtained from parents) by staff most familiar with the student. The PSI contains sections on: general background, educational information, achievement-behavioral profile, and previous tests and/or screening. A visual profile results which aids in identifying the cause for concern and appropriate intervention. A copy of the instrument is appended. Fifty-one references are also provided. (DB)

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High Risk Predictors and Prereferral Screening for Language Minority Students

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INTRODUCTION

Studies indicate that there are a disproportionate number of racial and language minority students in certain special education classes than would be expected. The disproportion is based solely on the proportion of minority students in the general school population. The problem is closely associated with the screening, referral, psychoeducational assessment, and labeling of children to determine eligibility for special education. Studies suggest that placement into special education is often more often related to socioeconomic, linguistic, and cultural factors rather than psychoeducational factors.

This paper reviews the literature on problems associated with the assessment and placement of language minorities students in special education and the utlization of a prereferral system. However, the major focus is the Prereferral Screening Instrument (Benavides, 1985). The Instrument is designed to determine whether students suspected of needing special education should be referred for a case-study evaluation, additionally, whether bilingual evaluations will be required.

REVIEW OF THE LITERATURE

Disproportionate Representation of Minority Students in Special Education

Disproportionate representation of racial and language minorities refers to the recurrent finding that based upon their representation in the general school population, there are many more, or less, minority students in special education classes

than would be expected. This phenomenon is neither a new discovery nor an isolated practice (Maheady, Algozzine, & Ysseldyke, 1985). Discrimination in the special education evaluation and placement process is a matter of serious concern to courts, federal, and state agencies. The National Academy of Sciences Panel was formed to study the problem (Heller, Holtzman & Merrick, 1982)

There are conflicting reports on the disproportionate placement of minorities in special education. Data from from states where the Hispanic population is more than 10 percent indicates that on a straight percentage basis, limited English proficient (LEP) children continue to be overrepresented in classes for the mentally handicapped and underrepresented in classes for the learning disabled (LD) and gifted (Brown, Rosen, & Hill, 1980; Figueroa, Sandoval, & Merino, 1984; Melesky, 1985). Finn (1982) used a complex indices of over and underrepresentation for a study which found evidence of disproportionated representation of minorities in special education programs. A study of the patterns of services incidence in Texas by Ortiz & Yates (1983) indicated that Hispanics were over-represented in LD programs, but under-represented in all other categories of exceptionality. Garcia (1985) reports that trend in service incidence for handicapped Hispanics over the past 10 years highlight two major phenomena: a) the rise in LD enrollments has been accompanied by a parallel decline in placements in programs for the mild mentally retarded (this observation was based on a study by Tucker, 1980); b) approximately 80 percent of all handicapped Hispanics are served in two language-related categories: LD and speech

handicapped (this was based on a study by Ortiz & Yates, 1983). Jones, Sacks & Bennett (1985) used simultaneous comparisons to identify disproportionate racial representation in special education. Their research found Hispanic children overrepresented in classes for speech correction and educable mentally handicapped (EMH) in numerous of the local education agencies (LEAs) studied. However, in other LEAs, Hispanic children were underrepresented in classes for emotionally disturbed, neurologically impaired, speech correction, perceptually impaired, and mentally handicapped.

Two studies from the U.S. General Accounting Office (USGAO, 1981a, & b) indicated a major concern over the disproportionate number of minority children served in certain special education programs. One of those studies (1981a) showed that in 1978, 50 percent of the Asian American students in special education were classified as speech impaired. Almost one half of the American Indian students in special education were in LD classes. Another study (Designs for Change, 1982) reported that in the Chicago Public Schools, Hispanics students, with 4.73 percent enrollment in special education programs, were "substantially underrepresented in special education overall." (pg. 16). The report, Caught in the Web, indicated that often Hispanics with learning difficulties remained in the bilingual education program without being referred, however, the "standard bilingual programs were not designed to deal with handicapped children." (pg. 16). Factors, such as insufficient special education and pupil personnel service staff and services, and the discouragement of referral for a special education

evaluation, were blamed for the "...limited access to special education for Hispanics students..." (pg. 16). The true cause of disproportionate representation in special education is unknown, however, it does not appear to be a single factor or source, but rather a combination and interaction of variables (Heller, Holtzman, & Messick, 1982; Maher & Bennett, 1984; USGAO, 1981).

Limited English Proficient Students and their Assessment

There are abundant longitudinal data and studies which suggest that language minority children are often placed in special classes because of their limited proficiency in English and not as a result of being handicapped as defined by P.L. 94-142, The Education to All Handicapped Children Act (Cummins,1984; ISBE, 1984; USGAO, 1981 a,b). LEP students are individuals who have not acquired English language skills comparable to their English-monolingual peers. Federal and state regulations require that LEP student are required to be evaluated in their native language, combination of languages, and language use patterns (Illinois Senate Bill 1855, 1985; ISBE, 1978; P.L. 94-142, 1975).

An example of linguistic discriminatory practices on the psychological evaluation is the case of Diana v. Califorinia State Board of Education (1970). The suit was file on behalf of nine Mexican-American students, age 8 to 13. All were placed in EMH classes and their IQs ranged from 30 to 72 with a mean score of 63.5. When they were retested in Spanish, seven of the nine students scored higher than the IQ cutoff for mental handicapped. The lowest score was three points below the EMH cutoff line and average gain was 15

points (Weintraub and Abeson, 1977). The Diana plaintiffs charged that the testing procedures placement were prejudicial because the tests placed heavy emphasis on verbal skills. These skills required proficiency in the English language. Additionally, they claimed that the test questions were culturally biased and tests were standardized on white, native-born Americans. The plaintiffs further pointed out that in the county where they resided, Hispanic surnamed students constituted about 18 percent of the student population, however they represented nearly one-third of all the children in EMH classes (Weintraub & Abeson 1977). The Diana out-of-court settlement stipulated that LEP children be tested in English and in their own language (Figueroa, Sandoval,& Merino, 1985).

A study from the Handicapped Minority Research Institute on Language Proficiency revealed that procedures used by districts for LEP students are essentially the same as those used for Anglo students (Ortiz, 1985). Ortiz reported that though the most frequently cited reasons for referral of LEP students was poor academic progress in general, "it is possible that more than half of all referrals were, in reality , related to student's limited English proficiency" (pg. 1). Additionally, although all subjects were classified as LEP, langauge status was given little attention by assessment personnel or by placement committees. Ortiz reported only 25 percent of students folders contained evidence of current language testing.Results of prior testing tended to be approximately one year old. Moreover, very few students were tested in Spanish or bilingually. Oritz concluded that:

> Due to the lack of language data and because assessements were conducted in English, it was not possible to determine whether the subjects were learning disabled. For some students, significant discrepancies between intelligence and achievement, the operational definition of a learning disability, may have been an artifact of testing conducted in English. (pg. 5).

There are many concerns about the assessment of LEP students (Cummins, 1984; Delgado, 1984; Mattes & Omark, 1984; Quigeley & Paul, 1984). One problem frequently cited is the proficiency and performance of assessment personnel (Bennett, 1981; Cegelka, 1982; Goodman & Bennett, 1982). Ysseldyke (1979) suggests that assessment difficulties (discrimination) is as much a people problem as it is the instruments. Figueroa, Sandoval, and Merino (1984) indicated that there are six areas of competencies considered important in the psychological assessment of LEP Hispanic children. These competencies are: bilingual proficiency of the psychologists; awareness of cross-cultural differences; knowledge of assessment techniques used with LEP Hispanic pupils; knowledge of L1 and L2 development; ability to work with interpreters;and knowledge of bilingual education curriculum. Baca & Cervantes (1984) delineated the following areas in the assessment and decision-making process for LM students during which discrimination occurrs: referral; instrument interpretation; and decision-making. These are additional "human" variables which often contribute and compound the problem of assessment and determining eligibility of LEP students for special

education.

Inspite of the P.L. 94-142 requirements and the Diana decision, there are still problems. Garcia (1985) reports that "emerging research evidence suggests that LEP students currently being identified as LD are sometimes misclassified due to the inability of educational personnel to recognize characteristics of second language acquisition and the influence of limited English proficiency on academic achievement." (pg. 6).

The lack of English proficiency is commonly regarded by policymakers and educators as the major cause of LEP students' academic failure in English-only programs (Rivera, 1984). It has generally been assumed that two years of bilingual education (BE) is sufficient for LEP students to transition from BE into an English monolingual program (Cummins, 1984). According to Cummins, this assumption is often used to justify exiting students from a BE program after a relatively short period without sufficient English proficiency to cope with the language demands of the English monolingual classroom. However, Cummins and others indicate there is considerable evidence which suggests that this logic is false (Cummins, 1984; Dulay, Burt, & Karshen, 1982; Dulay & Burt, 1978; Rivera, 1984a, b). There are also indications that BE programs which successfully develop a high level of second language (L2) academic skills utilize and maintain instruction in the student's native language (L1) throughout elementary school (Cummins, 1981a; Skutnabb-Kangras, 1979 & 1984).

One of Cummin's (1980) L2 acquisition hypothesis is that not

all aspects of language proficency are related to cognitive and literacy skills. Cummins indicated that "with the exception of severely retarded and autistic children, everybody acquires basic interpersonal communicatve skills (BICS) in a first language regardless of IQ or academic aptitude." (pg. 28). Cummins points to Chomsky's (1965) notion that the phonological, syntactical, and lexical skills necessary to function in everyday interpersonal contexts are universal across native speakers. Cummins argues that there are individual differences in the way native speakers develop their linguistics skills in interpersonal communicative contexts (e.g. informal oral fluency). However, most of these differences are not strongly related to cognitive or academic performance. Cummins uses the term "cognitive/academic language proficiency" (CALP) to refer to for dimensions of language proficiency which are related and required for academic and literacy skills. Cummins indicates that generally, it is the students BISC, and not their CALP which is measured and subsequently used to determine whether they should be exited from the BE program. Cummins stresses that inappropriate assessment of CALP skills lead to the fallacy that students are exited from BE because they no longer require BE. Following this logic, Cummins concluded that any academic difficulties LEP students encounter after being exited from BE are not generally attributed to the lack of English proficiency. This, according to Cummins, is the BE "exit fallacy".

LEP students' language/s proficiency and language use patterns must be determined prior to administering any special education assessments (P.L. 94-142). In California, the Home Language Survey

(Cal. Educ. Code 52164) is used to survey parents and identify a student's primary language (Carpenter, 1983). The Survey consists of a four-item questionnaire:

1) first language learned by student?

2) language most frequently used by students at home?

3) language most frequently used by parents with child?

4) language most frequently used by adults at home?

At least one response of another than English is taken as indicative of a non-English primary language and further assessment of the child's L2 abilities must be conducted. In general, English language proficiency testing must include an assessment of the following four language areas: receptive, expressive, reading, and writing.

Edelman (1969) used a contextualized measure of degree of bilingualism to test language dominance. Children are asked to name in 45 seconds, first in one language, then the other, as many things possible that can be found in the domains of family, school, church, and neighborhood. The assumption being that they will produce more words in the language in which they are most proficient, of dominant. A ratio of language dominance is then calculated for each domain, using the following formula:

$$\frac{\text{number of L2 words} - \text{number of L1 words}}{\text{larger of the above two}} + 1 \quad 2$$

Results are given on a scale of zero to one with .50 indicating a "balance" between the two languages. A score of zero indicates no responses were made, while a score of one would indicate that all the responses were given.

Using Carroll's (1961) four components of language proficiency, Bachman and Palmer (1984) delinated the language skills and components of language proficient. The first three components of the Bachman & Palmer matrix describes the student language knowledge: knowledge of phonolgical and orthographic rules; knowledge of grammatical structure; knowledge of the rules relating vocabulary items to their referents; and the rules of grammatical structure in which they may be used. The fourth component, rate and general fluency, is the speed and ease with which the language user uses the three types of language knowledge. Rate and general fluency is described as "an ability one would expect to be influenced by the particular skill in which the rules are being used, as well as by other factors in the test situation." (pg. 43) Bachman & Palmer (1984).

A example of a more comprehensive language skills framework is the Resources for Developing Student Placement System for Bilingual Program (Roseblaum, 1980). Roseblaum's language skills framework model is organized along three distinct dimensions:
1) hierachically across skills; 2) on grade level basis across skills; and 3) within each skill. The major distinction in Rosenblaum's model is the three primary language components: oral language, reading, and writing. Each of these three components are divided into subareas which contain a total of 285 difference skills. Together, those language component provide a comprehensive assessment of L2 proficiency.

In Canada, an analysis of data from a study carried out by the

Toronto Board of Education (Cummins, 1981b) suggest the general assumption that LEP students acquire English proficiency within about two years of arrival in the host country is not valid. The study indicates that for immigrant students who arrived in Canada at age of six and seven, or older, it took between five and seven years to approach grade norms in English verbal-academic skills. Cummins added that English IQ scores should not be regarded as valid indices of LEP students' academic potential until they had been exposed to English in an academic setting for at least five years.

Screening and Referral

In order to qualify for federal special education funds, states must ensure that all handicapped children, regardless of the severity of their disability, who are in need of special education and related services be identified and evaluated (P.L. 94-142, 1975). The mandate to identify children for special education services led to the implementation of screening programs in schools across the country (Gracey, Azzara, & Reinherz, 1984).

A recent national survey by Gracey, Azzara, & Reinherz, (1984) reported that 33 states mandate some form of screening in the preschool or early school years. The authors indicated that in states where screening was required, information is collected from parents, teachers, other school personnel, and/or other adults (e.g. a nurse). The primary focus of the survey is the areas assessed. These are grouped into the following four domains:

1) Physical: motor, sensory, current health, health history, immunizations, dental.

2) Language: speech, language, bilingualism.

3) Cognitive: cognitive skills, learning, aptitude.

4) Behavioral: behavior, social and emotional functioning.

The authors reported that 22 states require screening in more than one domain, however, 11 states require comprehensive screening for all four domains. The only requirement in one state was to screen for "bilingualism".

Gracey, Azzora, & Reinherz (1984) indicate that there is an ongoing amibiquity about the nature and function of screening. According to the authors, "This is reflected in a confusion of terms; in some cases, screening, assessment, evaluation, and identification, are used interchangeable; in others, each has a distinct meaning." (pg. 102). The authors define screening as a process of identifying from among all children in a population, those possibly in need of special services. Based on the screening results, certain children are evaluated to determine whether a disability in fact exists and, if so, the nature and extent.

Graden, Casey, & Christensen (1985) stated that current practices in special education can be characterized as inconsistent and problematic at each phase of the assessment and decision-making process. The problems cited are: the referral; testing for identification/classification; decision-making for an eligibility determination; and program planning. As evidence, the authors point to the five year longitudinal research on LD students conducted by Ysseldyke, Thurlow, Graden, Wesson, Algozzine, & Dino (1983). The study indicates that students are referred in increasing

numbers, often inappropriately. Once referred, students are almost automatically tested and often with technically inadequate tests. Once tested the majority of the students are placed in special education. Ysseldyke, et. al. reported that placement was often based on inconsistent and inherently problematic LD-definitional criteria.

A national study by Algozzine, Christensen, & Ysseldyke (1982) suggests that once a student is referred, there is a 92 percent probability the student will be tested. Additionally, 73 percent of those tested were subsequently placed in special education. Another study (Ysseldyke & Algozzine, 1981) found that 51 percent of the decision-makers pronounced "normal" students with average performance on achievement and intellectual measures as eligibile for special placement.

There are ample studies which report that the referral is the most important point in the special education placement process (i.e. see Graden, Casey, & Christensen, 1985; Sararon & Doris, 1979). A study by Foster, Ysseldyke, Casey, & Thurlow (1984) found that 72 percent of the students referred were placed in special education and most were placed in the category for which they were referred. It was also reported that referral rates varied with school district guidelines, perceived competence of the person that received the referral, kind of referral form, amount of paperwork, and teacher attitude and theoretical beliefs. The authors added that socio-political climate, external agency influences, federal and state guidelines, and parental pressure also influences the referral rates.

Prereferral

Prereferral screening is a growing trend (Evans, 1976; Graden, Casey, & Bonstrom, 1985; Graden, Casey, & Christensen, 1985; SRI International, 1980). Research suggest that prereferral screening reduces bias, idiosyncratic opinions, and provides more relevant information. Prereferral screening is also reported as reducing erroneous classification during the referral-placement process.

Graden et. al. (1985) developed and implemented a prereferral intervention system model which demonstrated many positive features. Their prereferral intervention system is based on an ecological model which views student problems in the context of the classroom, teacher, instructional variables, and student variables. The authors report that prereferral intervention is in keeping with the least restrictive doctrine established by P.L. 94-142.

Archer and Edwards (1982) identified numerous students charateristics which are considered as high-risk predictors. The authors suggest that the utilization of such high-risk predictors is useful in the development of diagnostic and screening devices that identify children at risk of requiring special education. Some progress has already been made in that endeavor. For example, Ferguson, Davis, Evans, and Williams (1970) translated eight of the Plowden Report's (Great Britain, 1967) criteria for the identification of educational priority areas into specific quantifiable measures. Additionally, data was gathered on the frequency of occurrence in schools serving various types of communities. Evans (1976) collected information thought to be associated with "educationally

disadvantaged" students at risk. The data was gathered from a number of children at the time of their school entry. Two years later, this information was related into school achievement in an attempt to isolate valid predictors for such achievement. From their data, a screening profile was constructed. Other efforts include the development of screening techniques for preschoolers in Illinois (Holliday & Olswang(1974). Benavides (1983) identified and prioritized high-risk predictors which should be assessed prior to the referral of a LEP student for a case-study evaluation. The study found that educational variables ranked higher as high-risk predictors than did the home-background variables.

All these efforts are of a preliminary nature and there is a general agreement that much more is required. Of particular interest is the need to develop a prereferral screening instrument that is simple, yet provides essential and useful information. Instruments that required home interviews and extensive psychometric assessments are useful, however, due to time constraints and other limitations, the use of such instruments is often impractical. Numerous sources stress the need for a simple and easily administered prereferral instrument that minimizes unwarranted referrals, costly evaluations, and inappropriate placement in special education.

In 1984, with assistance from the Illinois Bilingual Resource Center (IRC) and the Illinois State Board of Education, a two-day prereferral symposium was conducted. Professionals from four large LEAs, (Waukegan, Evanston, Elgin, and Rockford) were invited to assist in the development of a prereferral screening instrument. The

participants were bilingual and English monolingual special education teachers and administrators, principals, school psychologists, social workers, and other related services personnel that serve LEP students. Based on the prototype pre-referral instrument, designed and developed by Benavides (1983), the participants recommended revisions of the instrument. In 1985 the author chaired a task force from the Chicago Public Schools responsible for the development of a procedure by which school could determine whether a referred student was in need of a case-study evaluation and the language(s) to be used for administering the evaluations. The prototype prereferral instrument (Benavides, (1985) was revised by the task force to meet the needs of the Chicago Public Schools. Since then, the author has made additional modifications. The Prereferral Screening Instrument (PSI) is illustrated in Figure 1 and 2.

Insert Figure 1 and 2 about here

The Prereferral Screening Instrument

The PSI was developed to determine whether a student from a non-English background suspected of needing special education should be referred for a case-study evaluation. The PSI was designed to create visual patterns which can facilitate the identification of information and high-risk variables which may account for, or contribute to the reason for concern. Additionally, the PSI will indicate whether the CSE should be bilingual. The

PSI should be completed prior to actually referring the student. Completion of the PSI does not require the administration of any assessements or evaluations. It does require that the assessment of the student's language proficiency be current. With the exception of information obtained from the parents or guardian, all the information required to complete the PSI is in the student's records. The Migrant Student Record Transfer System ID number was included to facilitate obtaining information on migrant students.

PSI is divided into the following sections:

1. General Background; provides relevant general information about the student and reasons/ for referral.
2. Educational Information; provides information on the history of school experiences and a program placement profile.
3. Achievement-Behavioral Profile; provides a visual profile of the students psychomotor, L1 and L2 language proficiency , academic skills, social-emotional condition, and adaptive behavior.
4. Previous Tests and/or Screening; provides information on the assessments and tests administered, dates, and results.

Completing the PSI

1. Start by completing the General Background section. It is advisable to obtain the student's "Language Use Patterns" information from the parents or guardian.
2. Next complete the section entitled Educational Information. First, complete the section related to the student's "School Experience". Utilize the student's records for this section. For migrant students, the MSRTS ID number is essential to obtain their

records. If no information is available, write NIA for "no information available".

3. Complete the section entitled "History of Program/s" by listing all the programs and services the student received in each grade. Noting the amount of time (months/years) students received the programs/services is important. By circling the grades completed in the native country and the U.S., and filling in information requested, the students school experience is easier to visualize and interpret. Once all the programs/services are filled in, any academic or remedial voids are easily identified.

4. Complete the Achievement-Behavioral Profile section. The ratings of the students skills should be based on teacher judgement and observation. In as much as it is possible, the rating should be based on documented information. The students' skills are rated on a Lickert-type scale (very poor = 1 to excellent = 7). Once the rating scale points are established, the points are connected with a line. After the "Progress Being Made" column is completed, the PSI provides a visual profile of student strengths, behavior, limitations which may inhibit learning, L1 and L2 proficiency (expressive, receptive, written, reading), and math. Simple calculations provided on the PSI for the ratings values from the various skills areas provide an "average" on each area and the student's total profile. Students with achievement and behavioral areas rated as number one (1) (very poor) or number two (2) (poor) should be considered as high risk for requiring a case-study. However, the rating scale cut-off points are not the sole criteria

for recommending a case-study. All of the information on the PSI must be considered before making a recommendation.

The completed PSI organizes information in such a way that the cause/s for concern often becomes apparent once the profile is completed. The intervention/s strategies to be utilized are also often easier to identify. The PSI is completed at the school by staff most familiar with the student and the person initiating the prereferral screening request. No psychometrician nor assessments are required as this was only a prereferral screening. No formal referral has been initiated at this point. In implementing the PSI model, it is recommended that school use a system such as the Teacher Assistance Team (TAT). The TAT team reviews the PSI and makes recommendations on the students needs and disposition of the PSI case. The TAT system resembles a multidisciplinary staffing conference, however, for those students not recommended for a case-study evaluation, the TAT team assist's the student's teacher with the problem/s which caused the request for prereferral screening.

Using a prereferral system is the least restrictive means of gathering data about student performance without the traditional and costly case-study evaluation. Should this instrument be used as part of a prereferral intervention system (i.e. see Graden, Casey, & Christensen, 1985) data can be continuosly gathered by using various intervention strategies intended to amilorate the areas of concern. Should the intervention prove unsuccessful, the case-study evaluation team and multidisciplinary staffing conference

participants will have relevant data by which to base their recommendations.

Prereferral screening and intervention is a trend toward remediating areas of concern without the costly and often stimitizing placement into special education. Resources, traditionally used to evaluate and place students in special education, are redirected towards assisting teachers in the general classroom. Inappropriate referrals and placement in special education will be minimized. Additionally, the potential cost-saving factor of reduced referrals, evaluations, and placement in special education should be an incentive for LEA's. In considering the findings of Ysseldyke & Algozzine (1981), the 51 percent of "normal" students who were made eligiblle for special education translates into a huge waste of money. But, more important than money is the human factor of a student in need of help. Making sure they receive appropriate service must continue to be our major goal.

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INITIAL SCREENING FOR STUDENTS FROM A NON-ENGLISH BACKGROUND (FORM B-1)

I. GENERAL BACKGROUND

Student Name_____ ID#_____ Date_____
Birthdate_____ Age_____ Sex: F__ M__ School_____ District_____
Birthplace: Father_____ Mother_____ Student_____
Language/s Other Than English_____ Current Grade Placement_____
Current Education Program/s_____
Teacher's evaluation of student's language proficiency level: I, II, III, IV, V (circle one)
Bilingual Instructional Category_____ Reasons/s for referral_____
_____
Have parents been notified Yes___ No____ Translator required Yes_____ No_____
Language/s students speaks with parents/guardian_____ sibling_____ friends_____
Language/s parent/guardian speaks to student_____
Migrant Student Record Transfer System I.D. No._____

II. EDUCATIONAL INFORMATION

SCHOOL EXPERIENCE:

. Country Outside U.S.
Age started school_____ Terminated_____ Restarted_____
Circle each grade completed outside the U.S.
PreK K 1 2 3 4 5 6 7 8 9 10 11 12
Retained: Yes___ No___ Grade/s_____ Social Promotion/s Yes___ No___ Grade/s_____
Attendance: Good___ Poor___ Circle number of school/s attended 1 2 3 4 5 6 7 8

. United States
Age started school_____ Terminated_____ Restarted_____
Circle each grade completed in the U.S. On the line below each grade write the number of days absent or NIA (No Information Available)
PreK K 1 2 3 4 5 6 7 8 9 10 11 12
Days absent: _____ ___ _____ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Circle number of school/s attended: 1 2 3 4 5 6 7 8
Retained Yes__ No__ Grade/s_____ Social Promotion Grade/s Yes___ No___ Grade/s_____

HISTORY OF PROGRAM/S and services student has received. Use one line per program

Grade Placement (PreK-12)	General Program	Bilingual Program (Type)	ESL Only	Special Education Category	Pre-school Headstart	Other	Amount of time in program months/years

Completed by_____ Date_____

III. ACHIEVEMENT-BEHAVIORAL PROFILE

Rate the student on the following skills, comparing him/her with other students in his/her present classroom grade placement by marking a point on the rating scale for each skill. To compute the Average Rating for each of the areas below, divide the sum from each section (A, B, C, D, E) by the number of items in that section. To compute the Total Profile, divide the sums from the Average Rating by five.

RATING SCALE

Achievement - Behavioral Areas	Very Poor 1	Poor 2	Below Average 3	Average 4	Above Average 5	Very Good 6	Excellent 7	Progress Being Made Circle Yes or No
A. PSYCHOMOTOR SKILLS								
1. Gross Motor								Yes No
2. Fine Motor								Yes No
B. ACADEMIC SKILLS ENGLISH (L2)								
1. Oral Language								
a. Comprehension								Yes No
b. Expression								Yes No
2. Reading								Yes No
3. Written Language								Yes No
4. Mathematics								Yes No
a. Computation								Yes No
b. Problemsolving								Yes No
c. Concepts								Yes No
C. LANGUAGE OTHER THAN ENGLISH (L1) *								
1. Oral Language								
a. Comprehension								Yes No
b. Expression								Yes No
2. Reading								Yes No
3. Written Language								Yes No
4. Mathematics								
a. Computation								Yes No
b. Problemsolving								Yes No
c. Concepts								Yes No
D. SOCIAL EMOTIONAL								
1. Self-concept								Yes No
2. Peer Interactions								Yes No
3. Adult Interactions								Yes No
E. ADAPTIVE BEHAVIOR								
1. Works Independently								Yes No
2. Cooperates in Group								Yes No
3. Seeks Assistance Appropriately								Yes No
4. Uses Organizational Skills								Yes No
5. Stays on Task								Yes No
6. Shows Ability to Change Tasks								Yes No
7. Accepts Responsibility at School								Yes No
8. Follow School Rules								Yes No

Note: Section C (Language Other Than English) must be completed by a teacher bilingually endorsed in the students native language.

AVERAGE RATING: A. Psychomotor Skills_____ B. Academic Skills: L1_____ C. L2_____
D. Social-Emotional_____ E. Adaptive Behavior_____ Total Profile_____

IV. PREVIOUS TESTS: List assessements for any of the areas above (language proficiency, educational assessment, speech & language, etc.)

Date_____ Test & language/s_____
Results_____
Date_____ Test & language/s_____
Results_____
Date_____ Test & language/s_____
Results_____

OTHER COMMENTS

_____

_____

Case-study evaluation recommended: Yes__ No__ Bilingual evaluation recommended: Yes__ No__
FORM COMPLETED BY_____ TITLE_____ DATE_____

Student Name:_____ ID#_____ Date:_____